Workforce Education and Development Service

Standards and Guidance for Role Redesign in the NHS in Wales

GIG CYMRU NHS WALES
Shared Services Partnership
Workforce, Education and Development Services
Partneriaeth Cydwasanaethau
Gwasanaethau'r Gweithlu, Addysg a Datblygu

Contents

1. Foreword

Role redesign is an essential building block of service redesign and involves the creation of new blended roles and the reshaping and development of existing roles.

This can be achieved in a number of ways:

- creating new roles
- expanding the depth and breadth of roles
- moving tasks up, down or across traditional boundaries which have been set by levels of responsibility and demarcation.

The creative use of new and redesigned roles can result in improved services for patients and more rewarding careers for staff across both the Health and Social Care Sectors.

This guide has been constructed to assist service managers at all levels, and also for staff who are contemplating designing new roles or redesigning existing roles.

The Guide also sets standards for undertaking role redesign activity to ensure consistency of approach across Wales as services and roles are reshaped in line with *'Designed for Life'*.

The standards, set out in Section 4 of this document have been constructed from established good practice in role redesign and fall out of the process as set out in section 3.

2. Introducing Role Redesign

2.1. Role redesign has a number of key aims:

- Improve patient safety and their experience of healthcare
- Address areas of pressure or staff shortage
- Extend opportunities for staff development which can have a beneficial effect on job satisfaction and impact positively on recruitment and retention
- Deepen and broaden existing roles
- Ensure efficient working and reduce gaps between services
- Make the most of human resources including staff time, knowledge, skills and understanding.
- Assist in moving barriers to service change
- Bridge gaps between services and sectors
- Provide career opportunities
- Avoid duplication

2.2. Role redesign is relevant where a number of issues begin to emerge.

It can have an impact on services where, for instance;

- Staff skills are not being optimised
- Improvements are needed to ensure care is delivered at the right place, time, and level, by the right staff with the right skills, knowledge and understanding.
- The service is not fully relevant to the emerging needs of patients
- The service provided has not changed despite advances in technology
- Service demand is exceeding the capacity to deliver care or, conversely, where demand has dropped

2.3. Put very simply, role redesign is a means of reshaping what workers do in order to improve the services patients receive.

2.4. At this stage it is worth considering the terms which are frequently used in this field and to be clear about the terms used throughout this document.

New Role	The term “New Role” refers to an entirely new role which creates a new type of worker.

Extended Role	Extended roles are roles which have additional or new duties, tasks or competence requirements. These roles may require broader or deeper knowledge, skills and understanding in order to meet changing service needs.

Changed Role	The term “Changed Role” refers to a role for which the volume of existing activity has changed. This may involve some tasks being moved to a different worker so that a role can focus on a higher volume of specific, or specialist work.

2.5. There are a number of basic principles which underpin successful role redesign activity. Staff and managers must consider these as they undertake the role redesign process set out in this guide. These principles form the standards for role redesign which will be used by Healthcare Inspectorate Wales to monitor that it is being undertaken properly in the service.

2.6. These principles are:

- In developing changes to roles, good practice in Human Resource Management is followed and there is compliance with all existing legislation.

To ensure this, the following key stakeholders must be involved;

- Professional bodies and associations
- Trade Unions/Staff side/staff representatives
- patients and/or service users and carers
- staff affected by the proposed change
- human resource staff
- staff development and training representative
- the local Knowledge and Skills Framework (KSF) lead

- The patient experience will be demonstrably improved as a result of the change. This should be monitored through evaluation of the impact of the change and positive action taken as a result of the evaluation.

This improvement might include;

- Reduction in waiting times
- Better access to treatment
- Higher quality
- Better management of demand and other pressures
- Reduction in staff turnover and thereby better continuity for patients
- Greater focus on customer care
- Improved patient satisfaction
- Reduced adverse incidents
- More staff with more appropriate skills

- A thorough risk assessment is completed, particularly where more complex tasks are a feature of the new role or where greater staff autonomy is created. The risk assessment shows that the safety of the patient is properly taken into account.

- The changes are based upon a careful analysis of the service provided, the existing roles and patient pathways.

- Emerging and accepted good practice, where available, feature strongly in the resultant change.

- The skills, knowledge and understanding required by the occupier of the role are given careful consideration by way of a competence analysis. This ensures that skills development is properly accounted for, and that continuing professional development (CPD) for staff in new roles is assured.

- Recognition, through awarding credit where possible, is given to the transferable skills, professional development and lifelong learning of those affected by the change.

- A business case for the change is created, based on established methodologies. This will include service analyses, identification of issues, service and role development planning.

- The change is sustainable and supported by the organisation.

These principles form the basis of the Standards for Role Redesign set out in Section 4 of this document and which, for now, form the basis of a system of good practice for the NHS in Wales.

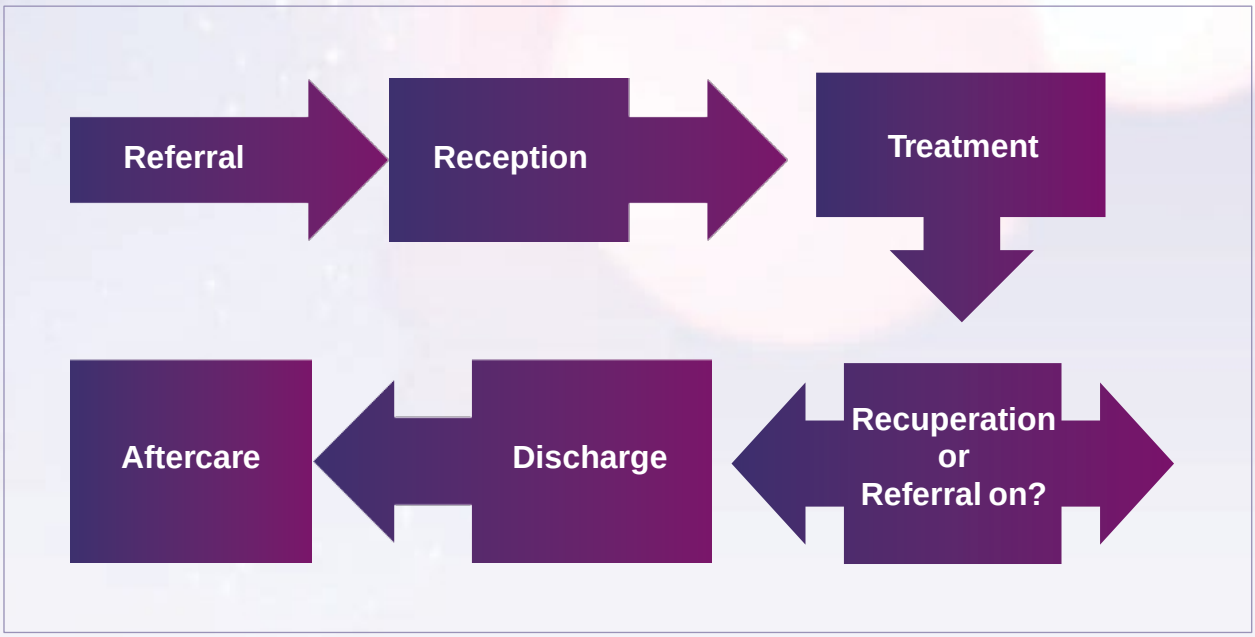
3. Role Redesign Process

3.1. Focus on the Patient

It is essential to keep the patient at the centre of your thinking through the whole process. First of all, consider how well you know your patients:

- Who are our patients?
- Where is the service in relation to our patients? Do we go to the patients? Do patients come to us? How far do people travel? Does the distribution of our services or the distribution of our patients add to difficulties?
- Who else provides the same or a similar service? What standards do they work to? What can we learn from them? How are their services distributed? How much does their service cost? Do they charge?
- What is the standard Patient Pathway or Patient Process? It is a good idea to use some time as a team to plot the patient pathway or process using a diagram. An example is shown below in Figure 1.

Figure 1



Examples of questions to consider for each step in the pathway or process include:

FIgure 2

STEP	QUESTIONS	TIME TAKEN
Referral	Where from? How often? How many? Are there trends?	How long does referral take?
Reception	How are patients received? Where do records come from? How long does it take to process?	Time between referral and reception?
Treatment	Is it effective? Is it evidence based? Who is involved in the treatment? What other Departments and staff are involved? Does this cause delay or difficulty?	How long does treatment take? Are there bottlenecks or pressure points?
Recuperation or referral on	Where do patients recuperate?	Time between recuperation and discharge?
Discharge	How are patients discharged? Are there effective links with other agencies?	Time taken to discharge?
Aftercare	Who provides aftercare? Is it effective? If not, does it create Re-referral?	How long between discharge and aftercare provided?

This is a simple start. More complex questions and more complex mapping might result. Bear in mind that these are early thoughts which will provoke more detailed thinking. There may be specialist software programmes that help create these pathway diagrams very effectively. An example might be using graphs to plot times so that a picture emerges of any bottlenecks or pressure points.

If several agencies are involved in providing this service, map the processes with them so that a full perspective on pressures can be built. This is a very important step.

Where any difficulties or pressures become clear, ask the question

Why?

Still focusing on the patients, are you collecting data from patients about their experiences of the service? What do patient satisfaction surveys tell us?

3.2. Explore the Aims

Organisations should have overarching aims and objectives that are in keeping with their purpose. Annual objectives are set to develop the service and these are cascaded throughout the organisation. It is useful, before you set about establishing some aims for your role redesign activity, that you look at these larger organisational purpose, aims and objectives to ensure that you contribute to them through the activity you are about to undertake.

With these things in mind, then it is useful to arrive at an overall aim of the proposed change, whether it is around new or existing roles. It is important to understand the difference between “Aims” and “Objectives”. An “Aim” is an overarching goal; the point at which any issues have been solved. The aim sets out the place you want to reach, objectives are the steps you will take to get there. Objectives are used later in the process.

To arrive at an aim, a series of initial analyses need to be completed. The most popular of these are SWOT and PESTLE analyses. A SWOT analysis is a simple exercise in listing the characteristics of the workforce within a service. The exercise should be undertaken with the staff in the team. List the strengths of the team or service staff first. Then look at the weaknesses. The opportunities should be thought of as the actions that could be taken to tackle the weaknesses.

FIgure 3: SWOT ANALYSIS

Strengths eg.	Weaknesses eg.	opportunities eg.	Threats eg.
Patient satisfaction High Quality Motivated staff	Readmission rates high Processes for patients from admission to discharge slow High cost	Relocate Reorganise Reshape Redesign	Budget deficit High numbers of referrals Staff stress

Finally the threats column deals with the barriers that exist that might stop the potential changes you wish to make.

Once the SWOT list has been compiled you are in a position to tackle the second analysis which is the PESTLE. This analysis looks at the pressures and problems which are being experience by the team or service and in particular the staff within it, under the following headings:

P Political

E Economic

S Social

T Technological

L Legal

E Environmental

Once these have been completed you should be in a position to consider

- What are the main issues facing the service?
- What elements or aspects of the service or its workforce need to be changed?

The answers to these questions will be your aims. One of the ways in which you may achieve your aims may be role design, or role redesign. It is important to keep these aims in mind all the way through the process to keep yourself focused on the issues and how to solve them.

An example of a PESTLE Analysis tool is set out below:

FIgure 4: PESTLE ANALYSIS

Political eg.	**Economic eg.**
Pressure from local council/LHB Inter agency difficulties Internal politics	Budget pressure
Social eg.	**Technological eg.**
High expectations Low expectations Community setting Long established staff group Staff resistant to change	New advances in technology available New Advances in clinical techniques Old equipment
Legal eg.	**Environmental eg.**
Regulations – eg Health & Safety Fire Regs Human Rights Act	Small space available Old building Poor access

3.3. Focus on the Workforce

Focusing on the workforce can often be neglected in service planning but it is crucial to fully understand the workforce, its characteristics and the real Human Resources at the service's disposal. Remember that the key to providing an effective service is to provide the:

Right Service in the
Right Place at the
Right Time with the
Right Staff with the
Right Skills and using the
Right Technology

It is no accident that two of these key elements refer directly to staff and the others are clearly dependent on staff. Getting a full understanding of the team/workforce is therefore crucial. There are a number of exercises or analyses which can assist in this.

3.3.1. Task and Function Study

Some key questions need to be addressed at the outset if a clear picture of the team/ workforce is to emerge.

This will assist in the development of an understanding of the **Skill mix** of the Team (See below).

FIgure 5: TASK & FUNCTION STUDY

Question	Source of information
Who are our staff?	Staff list
Where and when do they work?	Staff rotas
What are their roles and functions?	Job descriptions, person specifications, KSF Post Outlines
How much of their time do they spend in direct clinical tasks?	Time sheets, activity diaries

3.3.2. Skill Survey

A balance must be struck within the team to ensure the expertise and skills required to provide the service effectively, are available. This is called a Skill Mix. Advice on how to undertake skill mix analyses, such as competence based approaches to team study, can be obtained from the Workforce Development Unit which can provide guidance on how to look at building an analysis of the competency frameworks required by services and how these might relate to individuals and their skills.

3.3.3. Age Profile

A list of the potential retirement dates of the staff in the service can be very revealing and should be compiled. For example, it is known that there is a critical retirement mass in some areas such as pathology in some parts of Wales and this is due to a number of demographic and workforce factors. Understanding when significant expertise, knowledge and experience may be lost through retirement is extremely useful information in planning services and should lead to detailed consideration of role redesign, succession planning, recruitment and retention. Care must be taken here given the new legislation around age discrimination.

What is required is a clear understanding of likely workforce issues resulting from groups of staff with the potential to leave in numbers that would have a detrimental impact on service provision.

3.3.4. Attendance Study

You should work with your Human Resources staff to conduct an attendance study. This can be done simply through looking at staffing figures to discover trends at different times of the year and variations in the types of absences, and will give a picture of the human resources which are frequently unavailable. The implementation of the Electronic Staff Record should make this data more readily available.

Understanding attendance is very important in planning any changes in service and roles. This is especially true if there are clear patterns in the absence. An example might be a significant number of absences in January and February due to cases of colds and flu.

The Human Resources Department of your organisation will be able to advise you on strategies for reducing sickness absence.

3.3.5. Pulse Survey

There may be a link between the attendance figures and the morale of the staff within a setting. It is important to understand how workers view the work they do and their attitudes towards it. There should be recent staff surveys and the national survey available in your organisation which will help you look at this aspect of your workforce or team. The WEDS website contains templates of pulse surveys for use by NHS Wales organizations.

Training Needs Analysis

Training Needs Analysis is a vital exercise when understanding the current status of the knowledge, skills and understanding of the staff in a team or service. It is possible to see a picture emerging of both the learning needs of the service and also the current, available volumes of knowledge, skills and understanding within the workforce.

Where an entirely new role is being considered, there may be significant staff development/education and training implications. Expert support on education and regulatory requirements is available from the Workforce Education and Development Service.

3.4. Focus on the Service

Once you are satisfied that you have a clear understanding of the human resources you have available to provide the service, it is important to look at the service itself.

A good place to start is to look at something called a Demand and Capacity Analysis, which is also often referred to as a Volume of Service Delivery Analysis. This analysis should address a number of key questions that are set out below.

Demand and Capacity Analysis

- Who are our patients?
- Where do they live?
- How many referrals do we get? Of what kind? How often do we get them?
- When do patients receive the service?
- Are there times of significant pressure, bottlenecks or lulls?
- Who delivers the service? Who does what? To whom? When? Where?
- Analyse activity according to location, personnel and time of activity and time taken. Develop graphs which illustrate what the current picture looks like. You might want to consider hourly, daily and weekly rates.
- What are we doing well? Why is it going well?
- What are we not doing well? Why are these factors not going well?

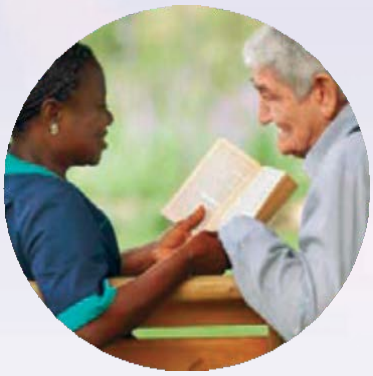
Make a list of the issues that need to be dealt with, these will be important when it comes to action planning.

3.5. Patient and Public Involvement

The emerging picture of the service is not complete until you have the final and most important piece of the jigsaw. That is, what do the patients, users, carers and families think of the service and how, where and when it is delivered?

There should be results of patient satisfaction surveys available in the Trust for you to explore and feedback available on recent patient experience but sometimes just undertaking some informal chats with patients or carers can be highly revealing. Record quotes from patients and carers that illustrate what is emerging and use what patients say to test your findings.

As a principle, patients and carers should be involved in every stage of the process.



3.6. Options Appraisal

Once these initial questions have been answered and a picture of the service has emerged, a number of issues may need to be solved, particularly around pressure areas and times. It is now time to consider whether things could be done differently:

- Is the service still necessary/viable?
- What could be done differently?
- Has technology or evidence of new ways of working superseded current practice?
- Are activities being undertaken by workers who are operating well above, or well below, their competence? What are the consequences of this?
- Is there scope for training staff in lower grades to undertake tasks which would release the time of higher qualified staff to undertake more specialist clinical duties? What would the implications be?
- Is there scope for the service being delivered at different locations? Or times? What would the implications be?

- Could different, new or blended roles be a possible solution? If staff have to work at new times, in new locations, in new settings, with new tasks and activities involving new skills, deeper knowledge or understanding, then does the solution rest in role redesign? What would the implications be?
- Is there likely to be a future shortage of certain grades of staff which you might need to plan to meet via new or extended roles?

If it is concluded that changing what, where and/or when workers undertake their work would be beneficial, it is important to look at what is the best option. This is an options appraisal. Be sure, when undertaking an options appraisal of this kind, to use a consistent approach across all the elements. One way of doing this is to use a table with headings such as the one below. This is one way of ensuring that when assessing impact, all options are being treated with equal consideration and compared consistently.

FIguRE 6

Issue	options	Cost impact	Logistical/ Time Impact

3.6.1. Benchmarking

Include in your research, any similar services to yours which have adopted new roles of the kind you might be proposing and the benefits accrued by the changes elsewhere. Benchmarking is useful for thinking about: key areas such as:

- Post outlines
- Job Descriptions and Person Specifications
- Competences and competency frameworks
- Scope and range of duties
- Comparing evaluations

3.7. Planning the Role and Planning the Change

If a new, extended or changed role is the preferred option, implementing changes requires careful planning.

There are a number of critical steps in the planning process:

- Creating a vision
- Building a business case
- Communicating the need for change
- Securing the support and agreement of stakeholders
- Action Planning
- Monitoring progress
- Evaluation

These will be explored in more detail below.

3.7.1. Creating a Vision

In essence, planning is a relatively simple activity but it involves some detailed thinking. One way to think about a planning process is to think about the journey that you, your service and your workers will have to make. Journeys have to be planned if you are to reach the right destination, on time and within budget. Good project management will help and some of the tools of project management will be invaluable here.

The first part of planning is to have a vision of the final destination.

- How will you know when you get there? What will it be like? What will the service look like?
- What will the workers be doing and what will their new roles consist of?

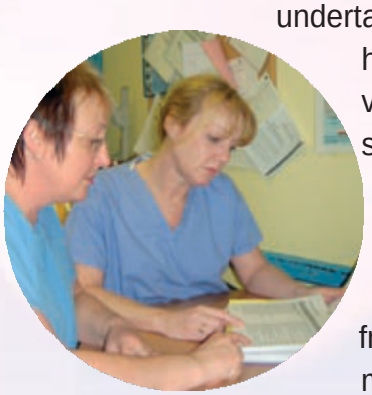
This is creating the vision and it will be crucial when communicating to everyone what the plan is and building the business case. Using process mapping can illustrate what your "ideal service" might look like.

3.7.2. Building a Business Case

If you are proposing a significant change in the way a service is shaped or the design of a particular role, it is important that you are able to express the research you have done clearly and that there is evidence for the conclusion you have come to.

A strong business case will be persuasive to senior managers whereas a weak business case is much less likely to gain approval, even if you have come to the right conclusions. A business case without a detailed capacity and demand analysis to support it, is limited in its appeal.

Use a standard reporting structure which has a logical thought process to present your business case. If your organisation has a template, be sure to use it. Your business case must have sections detailing what has been observed, what the situation is, the preferred options and how much the change will cost and its impact. It is also a place where you can demonstrate the care with which the process has been undertaken and that you have included the views of numerous stakeholders and experts.



In line with this, look for assistance from your finance, man resources and staff development teams within your organisation to check your assumptions and to provide you with accurate data.

As a guide, the following sections should be included:

Summary

A brief paragraph which summaries the main issues and the aim of the business case. Set out the solution you propose.

Background

Set the scene for the need for change. Give a brief account of the history and evolution of the service and situation as it currently exists. Pull in information from your analyses to demnstrate that you have undertaken a careful scrutiny of the current situation within the service. Set out the consequences of doing nothing to change the situation.

Proposal

State what new roles you are proposing and how redesign to new roles will improve the situation. What roles will change? What new roles may be required? Set out the vision for what the service will look like when the changes have bedded in. Include in this section, statements to confirm that the principles and standards discussed in this document (Section 4) have been followed.

Costs

You need to consider both capital (one-off) costs for facilities, equipment etc and revenue (recurring) costs such as salaries, staff development, expenses etc.

Will there be a requirement for investment at first (often referred to as “pump priming”) so that savings can be made over time? What savings may be made?

Savings can be in terms of direct costs (financial) or indirect costs (time). Efficiencies should be included here.

Look at the present budget and estimate the required budget for the changes and any likely recurring costs. An effective way of doing this is to look at budget trends and forecasts. Look at the budget statements over the last five years and project forward in two ways: not undertaking the changes to roles and service and then a projection for how it would look with the proposed changes.

At a time of increased sensitivity around budgets and costs, this will be a very important section of your business case. Have the assumptions and costs checked by the finance team within your organisation so that they are "signed up" to your proposal.

Service Quality

It may be that there will be no real saving shown but there may be a significant improvement to either the volume of service provided or the quality of the service provided.

It would be tempting to create a cost benefit analysis here but this must be considered carefully. Cost benefit analyses should be done where there are things to compare and are not really of use where there is only one aspect to demonstrate. A more useful approach would be to consider the potential, measurable benefits for instance around:

- Improvement to patient safety experience
- Improvement to efficiency
- Improvement to effectiveness
- Improvement to access or equity
- Improvement to performance
- Improvement to quality

If the changes can be linked to established performance measures this would be an additional benefit. It is strongly recommended that the results of a capacity and demand analysis be included here.

Risk Assessment

You should try to show that you have carefully considered all potential risks involved in the change including the risks associated with doing nothing.

When undertaking a risk assessment be sure to talk about the two main aspects of risk, **Likelihood** and **Impact**. Measures that will be taken to manage, control and mitigate risks should be included.

Conclusions

In your conclusions, state:

- What new roles or redesigned roles are proposed?
- What the benefits will be
    - Improved quality and patient safety?
    - Improved access?
    - Improved staff competence and skill?
    - Optimising resources?
    - Improved quality?
    - Reducing waiting times?
    - Development towards National Policy (eg *'Designed for Life'*) – better demonstration of the right staff, in the right place, at the right time, at the right cost, delivering the right services, with the right skills, knowledge and understanding?
    - Improved career development?
    - Improved recruitment, retention and staff morale?
    - Improved workforce performance, flexibility and accountability?
- What will it cost?
- Why it should be done?

Recommendations

This is a simple list of recommended steps and decisions which you would like approved.

3.7.3. Communicating the Need for Change

It is good practice to ensure that all relevant stakeholders are kept up to date on what is being researched and later what is being proposed and planned.

Communication is critical to securing engagement and commitment at all levels. With this in mind, list the people who have an interest and who might be affected by the role redesign. If you can, involve them in the process. If this is not feasible, at the very least, keep them informed of progress.

Think about a distribution list for a newsletter and think through who might be involved or interested. The number of people may come as a surprise.

You might consider a tabular approach to keep a handle on stakeholders such as the one illustrated below:

Remember to include and involve people at every stage and ensure that any requests for confidentiality and facilitation are met.

Have you included staff side representation?

FIguRE 7

Category	Name	Communication	Contact details
Staff	A.N Other	Newsletter, stakeholder discussion groups.	Internal e-mail
Patients (PPI)	Mrs J Doe	Newsletter, PPI groups	1 Main Street, Blaina Tel: 97098098098

3.8. Action Planning

Action Planning is a well known and practiced activity but it is worth setting out some basic elements of good practice.

The first step is to collect together all the issues you have identified from the various analyses undertaken as part of the study of your service and the roles within it.

You should list all these issues and set some time aside with management and staff colleagues to look at prioritising them.

There are a number of ways you might categorise issues such as:

Priority 1: Critical – must be dealt with urgently because there is an immediate risk to the service or to patients/the public (Short Term)

Priority 2: Important – should be dealt with because there is a significant adverse impact on the service (Medium Term)

Priority 3: Desirable – if the issue was dealt with it would make a worthwhile improvement to the service (Long Term)

Once you have prioritised the issues, chose those which are the highest priority to tackle. Each issue can then be turned into an objective. Once this has been done, set a reasonable deadline for the completion of the objective, how it will be achieved and by whom:

To complete each line of the action plan, look at the issue and link it to a clear objective that solves the issue. This could be done as a team exercise. To complete the "How achieved" column, explore ways that new ways of working could impact on the issue and deliver the objective.

FIgure 8

Issue	objective	How achieved	Deadline	Person responsible

3.9. Role Redesign - Specific Considerations Checklist

To assist in completing the action plan, here are a few considerations to bear in mind:

- What effect will the new role or redesigned role have on the organisational or team structure?
- Who will manage/supervise the new or redesigned role?
- Who will provide clinical supervision?
- Are there funding implications? Where will the funding be sourced and when will it be available?
- Is the post full time? Part time? Seasonal e.g. school term time? Available as job share?
- How will the duties be covered in the event of absence?
- What is the level of autonomy of the new or redesigned role?
- What are the limits and demarcations?
- Will the role cross traditional/professional boundaries?
- Have you consulted fully with the appropriate professional bodies and/or regulators and have Trade Unions/Staff side been involved?
- Are there any clinical governance considerations?
- Are there regulatory considerations?
- Have you completed an agreed Person Specification and Job Description?
- Has the post been evaluated?
- What are the recruitment issues and costs for the post? How will you recruit?
- What are the likely education, training and CPD needs of the post?
- For how long is the post likely to be sustainable?
- Is the role transferable?
- Will the role set a precedent?

This checklist is not exhaustive but is designed to be an aide memoir to help think through all the issues relating to the new or redesigned role.

3.10. Using Competences to Build a Role

3.10.1 Building a role via a competence analysis

One way to begin a competence analysis is to think in terms of the four stages of understanding workload:

- The needs of the patient/service
- The tasks or functions required to meet those needs
- The range, depth and breadth of the knowledge, skills and understanding required to complete these tasks
- The typical volume of work and the amount of time that is likely to be spent on each task during the course of a working day/shift

One way of doing this is to take a sample patient and create a timetable of their needs within a given time frame such as a period of hours or over a number of days.

Fill in the timetable with the likely physical, clinical, medical, emotional and stimulation needs of the patient, logged into time slots to show frequency and the amount of time each episode requires.

There are a number of ways of achieving this eg. using graphs etc but the key issue is to understand what needs the service, and thereby the specific role, is being designed to meet.

Once you have achieved an understanding of the range of needs that have to be met, it is a straightforward task to match each of those needs to a formal competence. The most appropriate source for formal competences is the National Occupational Standards.

FIgure 9

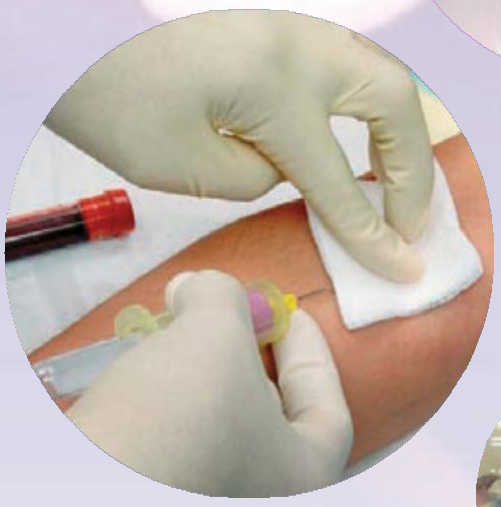
Time	Patient need	Function to be performed meet the need	National occupational Standard (NoS) or Competence

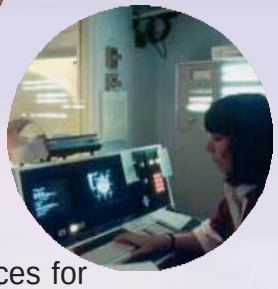
3.10.2. National occupational Standards

National Occupational Standards (NOS) are created by a Sector Skills Council. For the Health Sector, this is Skills for Health (**www.skillsforhealth.org.uk**). The Skills for Health website contains the full listing of National Occupational Standards and workforce competences which will enable people engaged in role redesign to match needs, to functions to formal competences.

National Occupational Standards are a description of the minimum level of skill, knowledge and understanding required for a particular competence. NOS do not have a 'level' in terms of the Credit and Qualifications Framework for Wales, NHS pay bands or career levels until they are included in a qualification.

All qualifications, including Higher Education, can use National Occupational Standards either to inform curriculum development, or as is the case in National Vocational Qualifications (NVQs) the units are the National Occupational Standards.





3.10.3. Competence Based Role Redesign

Role redesign can be achieved by using competences. There are useful tools available on the Skills for Health Website which can assist staff and managers in the use of competences for this purpose (**www.skillsforhealth.org.uk**).

Please bear in mind that a good use of competences is to create job descriptions which then truly reflect not just what the role is required to achieve but also the national minimum standards at which they must be performed. This is extremely useful as a precursor to developing the KSF outline for a post because it orients the role designer towards the likely development opportunities which may be required.

It is very important to involve your Staff Development colleagues in this work because they will be familiar with competences and by assisting, supporting and being informed, they will have a helpful notification of intentions and this enables them to be able to respond to likely future training and education needs.

3.11 Job Description, Person Specification and outline

It is important to involve your Human Resources specialists in this area. A good place to start is to define some basic facets of the post and if you have considered these it will help colleagues in human resources assist you in defining the role.

FIgure 10: JOB DESCRIPTION

Title	What will the role be called? Try to avoid over complicated titles. Try to keep to accepted career framework norms such as Health Care Support Worker (Band 2) or Associate Practitioner (Band 4)
Purpose	What is the main aim and function of the role?
Setting/Base	Where will the role be based and expected to work?
Hours	What will the working hours be?
Challenges	Will the role require specific competences? Will there be known pressures or difficulties?
Variations	What will be the range of duties?
Tasks, activities and duties	What will the person in the role be required to do? Set out details.
Responsible to	Set out the supervision and management arrangements to support and control the work of the role.
Competences	Ensure any National Occupational Standards that apply are built in to the requirements of the role.
Remuneration	What will the pay band be?

FIgure 11: PERSON SPECIFICATION

Essential	What are the essential characteristics of an applicant for shortlist?
Desirable	What are the desirable characteristics of an applicant for shortlist?
Qualifications	What qualifications should the successful applicant have?
Experience	What demonstrable experience will be required?
Qualities	What professional qualities, work styles etc will be needed?

3.12. Monitoring Progress

It is important to ensure that once a process of role design or redesign has begun, progress is monitored so that at a moment's notice, a situation report can be presented to stakeholders or managers.

3.13. Evaluation

When planning a new or redesigned role it is vital to build in mechanisms for evaluation. There are a number of ways to achieve this but there are some basic activities which will help.

First, consider re-running some of the analyses which have helped you put together the business case for the need for the new or redesigned role. This gives you an opportunity to demonstrate the proposed changes and planned improvement. Schedule these re-runs as part of the overall project.

Link performance measures to known and existing performance reporting requirements and targets such as waiting lists, waiting times, national targets, improving access, staff morale and patient satisfaction surveys.

4. Standards for Role Redesign

The following standards should apply to any role redesign process and, while not exhaustive, they act as measures that good practice has been followed. These standards have been endorsed by Healthcare Inspectorate for Wales (HIW).

Standard 1

Changes to roles follow good practice in Human Resource Management and are fully legally compliant.

Standard 2

Role redesign is an inclusive process and to ensure this, all key stakeholders have been involved including patients and carers, partners, staff representatives, other departments, KSF leads, professional bodies and if appropriate, regulators.

Standard 3

Patient safety and/or service quality has been demonstrably improved as a result of the change. Mechanisms for evaluating the effectiveness of the new or redesigned role are in place and routinely used and reported.

Standard 4

New and redesigned roles are based on competences required and these competences are, wherever possible, the National Occupational Standards.

Standard 5

The changes are based upon a careful analysis of the service, the existing roles and patient pathways and a comprehensive risk assessment for the assurance of the safety of the patient, particularly where greater or worker autonomy is created.

Standard 6

Emerging and accepted good practice feature strongly in the resultant change.

Standard 7

The skills, knowledge and understanding required by the occupier of the role are given careful consideration by way of a competence analysis. This ensures that skills development is properly accounted for, and that CPD for staff in new roles is assured. Recognition is given to the transferable skills, professional development and lifelong learning of those affected by the change. Recognition of learning that is transferable can be achieved through a variety of methods, for example the use and award of Credit.

Standard 8

A business case for the change has been created and approved by the organisation so that the role change is sustainable and supported by the organisation.